



Amusement Device Permit # _____

Department of Planning & Community Development
Division of Building Construction Services
400 Granby Street, Norfolk, Virginia (757) 664-6565

Project Address: _____ Application date _____

PLEASE PRINT

Property Owner: Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____ Fax #: _____ E-Mail Address: _____	Contact Person: _____ Phone # _____ Applicant's Name: _____ Phone # _____ Fax # _____ Cell Phone _____ Address: _____ City/State/Zip _____ E-Mail Address: _____
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Amusement Device

Quantity of Rides

Spectacular # _____ Major # _____ Kiddy # _____

A list of rides by Name, Manufacturer and Serial # must be submitted with this application.

I do hereby agree to work in conformity to the ordinances & regulations of
The City of Norfolk & the Uniform Statewide Building Code.

Print name _____ Signature _____ Date _____

Office Use Only

Remarks: _____	
Approved by: _____	Date: _____
1.75% surcharge \$ _____	Total Fee \$ _____
Admin Fee \$ _____	Received by: _____
Cash _____	Check # _____